

health benefits, no preexisting condition exclusion will be allowed.

The Health Coverage Availability and Affordability Act also allows small employers to band together in associations to form multiple employer groups that could fully-insure or self-insure. Under current law, large businesses are allowed to buy health insurance under a different set of rules than small business. Large, self-insured businesses are exempted from State law in their health plans while small businesses are stuck with State mandates, premium taxes, and other forms of regulation. This inequity between big business and small business in large part explains why the premiums of corporate America are going down while small business premiums are going up.

In addition, this legislation seeks to provide a greater incentive for the self-employed of this country to purchase health insurance by raising the amount they can deduct for health care costs from 30 percent to 50 percent by the year 2003. One of the major problems facing small business is the high cost of health insurance. There are nearly 3 million self-employed Americans without health insurance. If this group of business owners were given a greater deduction, many of these uninsured would purchase insurance, substantially reducing the number of uninsured Americans.

Mr. Chairman, H.R. 3103 encompasses measures that will enhance the current market system and make health insurance accessible and affordable for millions of Americans, and I strongly support its passage.

GEORGE DUTCHIE MINER
HONORED

HON. EDDIE BERNICE JOHNSON
OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 29, 1996

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I am proud to pay tribute today to my good friend and constituent, Mr. George Dutchie Miner on the occasion of his retirement, March 29, 1996, following 55 years of service to Northrop Grumman and its corporate predecessors—including among other company names Hamilton, Chance Vought, Ling Tempco Vought and Vought. Mr. Miner started with the company on March 7, 1941, making aircraft propellers for what was then a division of United Aircraft. He made propellers from scratch out of aluminum alloy. Throughout his career, Mr. Miner has made dies for all of the company's aircraft, for Boeing programs and for military subcontracts. Most recently, as a die finisher, he has prepared 17,000 pound dies for use in creating components for the B-2 Stealth bomber.

During World War II, Mr. Miner earned about 50 cents an hour as a tool and die maker, \$28 dollars a week with overtime on the weekends. But he was able to provide for his family and put his two sons through college. He now enjoys the love and affection of three grandchildren. During a portion of his career, he served as the State vice president of his labor union. He also served as a Democratic precinct chairman for many years and a community leader extraordinaire.

Congratulations Dutchie, Northrop Grumman and the country are grateful for your many years of service. I salute you for a job well done.

LIMITED OVERTIME EXEMPTION

HON. HARRIS W. FAWELL

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 29, 1996

Mr. FAWELL. Mr. Speaker, today I am introducing legislation to provide a limited overtime exemption from section 7(k) of the Fair Labor Standards Act [FLSA] for public sector employees who provide emergency medical services [EMS]—the same FLSA exemption afforded to fire protection personnel. Without this change in law, there will continue to be circumstances in which EMS personnel are working the same tours of duty as either fire protection or law enforcement personnel, but most be paid overtime for any hours worked in excess of 40 hours during any workweek.

In some localities, such as Burke County, NC, EMS functions are entirely separate from fire protection and law enforcement activities, but their job duties are identical. There should be no difference in the treatment of EMS personnel under the FLSA simply because of the manner in which emergency services are provided by local communities. Furthermore, in many jurisdictions, the majority of emergency calls are medical emergencies. The current situation is very expensive for State and local governments and intrudes on their management of fire protection and law enforcement activities.

Section 7(k) of the FLSA provide a partial exemption from overtime for those employees engaged in fire protection and law enforcement activities. Employers are allowed to establish work periods of up to 28 days, and overtime compensation is not owed until fire protection employees have worked more than 212 hours and law enforcement personnel exceed 171 hours of work. There have been conflicting ruling by Federal courts of appeal on the issue of whether EMS personnel are covered by section 7(k). There also have been different interpretations by the courts of the regulations on this subject. This has led to confusion and large financial liability on the part of State and local governments. The bill I am introducing today revises section 7(k) so that these EMS personnel qualify for the same partial exemption from overtime as fire protection personnel.

Mr. Speaker, the FLSA, passed in 1938, mandates a rigid interpretation of the 40-hour workweek and its worker classification and compensation requirements are not reflective of the contemporary workplace. Contradictory court interpretations of the FLSA have provided windfall judgments for some employees. These costly judgments against public sector employers have a direct impact on budgets supported by taxpayer dollars and also affect public safety services. The existing liability for many States and localities is estimated to be in the millions of dollars, and the potential for future liability creates tremendous fiscal uncertainty. I urge my colleagues to support this legislation which promotes the mandate of public accountability and fiscal responsibility to which State and local governments must adhere.

SENATE AMENDMENTS TO H.R. 1833, PARTIAL-BIRTH ABORTION BAN ACT

SPEECH OF

HON. VIC FAZIO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 27, 1996

Mr. FAZIO of California. Mr. Speaker, I oppose this rule and the underlying bill, H.R. 1833, because it is cruel and unnecessary Government intrusion into one of the most private and painful decisions a woman could ever face in her life.

When this bill came before the House last fall, and again today, we have a rule that does not offer an opportunity to vote on a true exception to protect the life and health of the woman.

Mr. Speaker, speakers on both sides of this issue have noted accurately that this procedure is rarely used. It is rarely used because the only reason women seek abortions late in pregnancy is because they face the terrible tragedy of a life-threatening or serious health-threatening situation, or when they discover that a very-much-wanted child simply will not survive after birth. When they face this tragedy, this is one of very few, and sometimes is the only procedure that can be used, to protect their ability to become pregnant again.

Testimony from women who have had this procedure is moving and undeniable. They are women who wanted their children and are devastated when they find that something has gone terribly wrong with their own health or that of the fetus.

I submit for the record the stories of two women who both desperately wanted their children, but instead needed this procedure when tragedy struck.

Mr. Speaker, we may never know the sorrow women like these two have faced. And we certainly can't presume to give them the best medical advice or emotional support they need. I urge the defeat of this rule and this bill.

TESTIMONY OF COREEN COSTELLO

My name is Coreen Costello. I live in Agoura, California, with my husband Jim and our son Chad and daughter Carlyn. Jim is a chiropractor and I live being a full-time, stay-at-home wife and mom. I am a registered Republican, and very conservative. I don't believe in abortion. Because of my deeply held Christian beliefs, I knew that I would never have an abortion. In fact, I remember a few years ago when I was nursing my son Chad, I watched a speech Congressman Hyde gave on C-SPAN against abortion. It was so eloquent, it moved me to tears. I even participated in the "Walk for Life" sponsored by our local Christian radio station.

Even now, I am amazed at the fact that I am here. I never would have believed that I would be testifying in Congress, supporting an abortion procedure.

In March of last year, we were joyfully expecting the arrival of our third child. Then on March 24, almost a year ago to the day, when I was seven months pregnant, I began having premature contractions and my husband and I rushed to the hospital.

During an ultrasound, the physician became very silent. Soon more physicians came in. Jim told me everything would be fine but I knew there was something very wrong. I went into the bathroom and sobbed.

I begged God to let my baby be okay. I prayed like I've never prayed before in my life.

My husband reassured me that we could deal with whatever was wrong. We had talked about raising a child with disabilities and there was never a question that we would take whatever God gave us.

My doctor arrived at two in the morning. He held my hand, and informed me that they did not expect our baby to live. She was unable to absorb the amniotic fluid and it was puddling into my uterus. The poor precious child had a lethal neurological disorder and had been unable to move for almost two months. The movements I had been feeling over the last few months had been nothing more than bubbles and fluid. Her chest cavity was unable to rise and fall to stretch her lungs to prepare them for air. It was as if she had no lungs at all. Her vital organs were atrophying. Our darling little girl was going to die.

A perinatologist recommended terminating the pregnancy. For my husband and me, this was not an option. We chose to wait to go into labor naturally. We knew that it would not be long. Due to the excess amniotic fluid, a condition called polyhydramnios, premature labor was imminent. I wanted her to come on God's time—I didn't want to interfere.

It was so difficult to go home and be pregnant and go on with life, knowing my baby was dying. I wanted to stay in bed. My husband looked at me and said, "Coreen, this baby is still with us. Let's be proud of her. Let's make these last days of her life as special as possible." I got out of bed and put on my best maternity clothes, and went out with my daughter Carlyn to get ready for her fifth birthday party. I could feel my baby's life inside of me, and somehow I still glowed.

At this time we chose her name—Katherine Grace. "Katherine" meaning pure, and "Grace" representing God's mercy.

We went to many more experts over the next two weeks. It was discovered that Katherine's body was rigid and she was wedged in a transverse position. Most babies are in the fetal position, but Katherine's position was exactly the opposite. It was as if she were doing a swan dive—the soles of her feet were touching the back of her head. Her body was in a U-shape. Due to swelling, her head was already larger than that of a full-term baby. I did exercises every day, trying to change Katherine's position so that she could be delivered naturally. The amniotic fluid continued to puddle into my uterus.

No one expected her to survive labor, but if she had survived a natural birth or a C-section, we knew she would have suffocated immediately after the umbilical cord was cut. She had no lungs. She couldn't take even one breath. More and more ultrasounds made that terrible truth clearer and clearer, that if she were born, her passing would not be peaceful or painless. But we kept praying for a miracle, hoping that she would be able to pass away with our arms wrapped tightly around her, hearing us telling her how much we loved her.

We went back to the hospital again and again, thinking I was in labor. We were completely prepared to bring her into the world, with the hope of having her with us even just for a moment. This was my mission. But it was not to be. We decided to baptize her in utero, while we knew she was still alive.

By this time, I'd seen my own obstetrician, two resident obstetricians at Cedars-Sinai, and four perinatologists. Each of these doctors had consulted with other experts. The doctors all agreed that our safest option was an intact D&E, but Jim and I couldn't face the horrible thought of having an abortion.

Finally, after two and a half weeks, I went to my own doctor again for another

ultrasound. The polyhydramnios had grown even worse and my husband and her whole family were afraid for my health. I could not sit or lie down for more than ten minutes because the pressure on my lungs was so great. But I wasn't worried about myself—I only thought of Katherine.

When Dr. Crane, performed the ultrasound, Katherine's heart was barely beating. My doctor turned to my husband and said, "I can't deliver this baby. I could try, but I'm convinced we would end up doing a caesarean and under the circumstances, that is just too dangerous." He said, "I have to send you to Dr. McMahon."

I gasped out loud. Dr. Crane said to Jim, "This is about Coreen now," I began to cry. Again I said, "What about a caesarean?" Dr. Crane said, "I can't justify that risk to you. There is a safer way." When I saw the anguish on my doctor's face, I knew that we had no other choice. Dr. Crane supported us so much in our decision to have Katherine naturally, and he knew that we would have to live with our decision for the rest of our lives. When I saw the pain on his face, I knew I had to go. This wasn't a choice anymore. It wasn't up to us. There was no reason to risk leaving my children motherless if there was no hope of saving Katherine.

We drove to Los Angeles. I cried the whole way, patting my tummy and promising Katherine we would never let anyone hurt or devalue her. On the way, Jim was adamant that if we weren't comfortable, we would turn around and leave no matter what. There was no way he would let his little girl's life end in a way that didn't give her respect and dignity. I'd never felt so scared and sick to my stomach in my life. I kept asking God, "Why are you making this so difficult for us?"

We expected a cold gray building . . . we expected an abortion mill. We expected people who cared about me, but not about Katherine. When we arrived, the place was beautiful and peaceful. But when we walked in, I was still very defensive. I didn't trust these people.

The staff greeted us with such warmth and kindness. I was immediately taken in to see Gale McMahon, the clinic's head nurse. We started to talk, and Gale asked if we had named our baby. "Her name is Katherine Grace," I said and began to cry. When I looked up, she too had tears in her eyes. At that moment a little bit of my wall broke down.

Gale explained the procedure in detail. My husband asked a lot of questions. I was numb—I just kept thinking about Katherine. We then went in to see Dr. McMahon. As he met with us, he performed another ultrasound. I can't tell you the compassion he had for us. He knew how much discomfort I was in from the polyhydramnios and the size of my uterus, and how much we were both suffering at losing our little girl. He was so gentle and kind.

Dr. McMahon immediately asked me the same question Gale had: "Have you named her?" He never referred to her as fetal tissue, or a fetus, or even just a baby. She was always Katherine.

He told us that my condition meant that we had to do this procedure right away. My uterus was far too full of fluid to wait. We asked if there was any way that Katherine could be born alive. He looked carefully at the ultrasound, measured her head and explained sadly how large it was, and said that there was no way it could fit through my cervix without draining some of the fluid. He also explained that due to the difficulty of the position she was in, they would have to go inside my womb and for that, I would be put under heavy anesthesia. With her heartbeat as irregular and slow as it was already,

he did not think she would survive the anesthesia.

It was so hard to accept, but we began to understand that it was what we had to do. After Dr. McMahon explained the procedure to us again, I felt comforted. He and his staff understood the pain and anguish we were feeling. I realized I was in the right place. This was the safest way for me to deliver. This left open the possibility of more children. It greatly lowered the health risk to me. Most important, it offered a peaceful, painless passing for Katherine Grace.

For many women, this procedure takes longer, but I went into labor very quickly after Dr. McMahon put in the first set of dilators. When I came back the next morning, my cervix was already dilated sufficiently, and it was time to begin the surgery. I was put under anesthesia.

When I awoke a few hours later, Katherine was brought in to us. Gale gave her to me and said, "She's beautiful." Gale helped me to bond with her. She really was beautiful. She was not missing part of her brain. She had not been stabbed in the head with scissors. She looked peaceful. My husband and I held her tight and sobbed.

One of the things I noticed when I was holding Katherine was that the socks we bought for her were too big. Someone had taken tiny, soft pink ribbons, and tied them gently at the ankles so that her socks would fit. I can't tell you the peace that brought me. I knew they were taking care of her just as we would. We stayed with her for hours, praying and singing lullabies. Giving her back was the hardest moment of my life.

Dr. McMahon and his staff helped us get through the dark days to come. They counseled us and gave us information on help for dealing with our grief—not just for Jim and me, but for our children, so they could get through the grief of losing their sister, and for our parents, so they could cope with their grief at losing their granddaughter.

When I went back for my checkup, Dr. McMahon was so pleased that I was recovering well physically. But he was worried about how I was doing emotionally, and we talked a lot about how I felt. My arms were physically aching, and he told me I wasn't alone, that so many women feel that way. Your arms ache to hold your baby. And then he told me something I've never forgotten. He said, "People don't want to know that this happens. They don't want to know that there are babies born with their brains outside their skulls, that there are babies for whom life is not gift but only cruelty and pain and death. They don't want to know what families like yours have to suffer." I didn't realize just how true that was until I came here.

I know how many of you feel about abortion, because that's how I felt. I still am against abortion. Before this happened to me, I had a friend who had something terrible like this happen in a pregnancy she'd wanted very much. I tried to be empathetic and I never said anything to her that was not kind, but in my heart there was a part of me that judged here. I knew that I would never make that decision. I don't judge anymore.

When I lost Katherine, I was devastated. For some reason God chose not to give her the gift of life. But losing her taught me how precious that gift of life is. I have my health, I have the ability to walk, to run, to enjoy life with my husband and my wonderful children. That is the gift that Dr. McMahon's procedure gave me and I am grateful for that every day of my life.

Because of the safety of this procedure, I am now pregnant again and will have another baby in June. Thanks to the grace of God and the skill and compassion of Dr. McMahon, I can have another healthy baby.

If you outlaw this surgical procedure, other women like me will be denied that gift, that joy. They may lose their ability to have more children; they may lose their health; they may lose their lives. The child that I carry today is by no means a replacement for Katherine. There will always be a hole in our hearts where she should be, but this baby is a sign that life goes on and that God is good.

Someday, we'll tell our little boy or girl this story. We'll talk about Katherine, and how she changed our lives—and how, in a way, she went to Washington. We'll talk about how, even though her life ended before it could really begin, the way she left this world allowed us to have this new miracle. We pray that this story has a happy ending. We pray to be able to tell Chad, Carlyn and their little brother or sister that when Congress heard, really heard, the truth about the surgery that helped their Mom, the members of Congress realized that they had no business doing what they were trying to do. They knew that they could never understand. We didn't understand before. Now we do. I pray that you will understand as well and put a stop to this terrible bill. When you vote on this bill again, please remember me, remember my face, remember my name, remember my family and the child I am carrying.

TESTIMONY OF MARY-DOROTHY LINE

My name is Mary-Dorothy Line. I am here today to oppose H.R. 1833. This legislation would outlaw a compassionate medical procedure that helped me and my family through the most difficult situation in our lives. I have come to Washington to oppose this legislation to ensure that it is available to other women and families in the future.

I am a registered Republican and a practicing Catholic. My husband, Bill, is a consulting engineer. We live in Los Angeles, California. Bill and I got married while in college. We had been married almost 14 years before we decided to start our family. Since having children was not a decision we took lightly, we waited until we were financially, emotionally, and spiritually prepared. In April of 1995 when we found out I was pregnant, we were thrilled. We waited to tell my father and our other family members until Father's Day—an extra special Father's Day present.

The first four months proceeded normally. Dr. Pamela Lui, an OB/GYN at Northwestern University Hospital in Chicago was my doctor and I followed her instructions exactly. I read everything I could about pregnancy and parenting. We debated having an amniocentesis, but Dr. Lui said that it was not necessary due to my age (under 35) and no family history of genetic disorders. But she did recommend an alpha-fetoprotein (AFP) test which is routinely performed in most pregnancies to screen for neurological anomalies such as spina bifida. The nurse who drew my blood for the AFP said she would call me with the results in about two weeks, but if there was a problem, the doctor would call.

When Dr. Lui called I was not thinking and started chatting away to her until I remembered what the nurse said; my heart started pounding. Dr. Lui told me that the AFP showed an elevated level of something which might indicate that there was a problem with our baby. She advised us to have an amniocentesis even though the chances were still great that everything was fine.

My husband and I talked about what we would do if there was something "abnormal." We quickly decided that we are strong people and very much in love and, that while having a mentally or physically disabled child would be hard that it would not be too hard. But we also decided that we needed to know what we were dealing with, so I made

an appointment with a perinatologist at Northwestern Hospital to have an amniocentesis. During the ultrasound for the amniocentesis, the doctor noticed that the baby's head was too large and that there was a lot of fluid in his head. He told me to have another ultrasound in two weeks to check the progression.

I had no idea what all this meant so I rushed to Dr. Lui's office and asked her to explain. She drew some pictures and explained that the condition was called hydrocephalus; that in every person's head there is fluid to protect and cushion the brain, but if there is too much fluid, the brain cannot develop. I called my husband at work and had him taken out of a meeting to ask him to meet me right away. I explained everything to him. He said that everything would work out and not to worry. We actually believed everything would be OK in two weeks.

I told my father that we might have a problem, but he also said that everything would be fine since there are no genetic problems in either Bill's family or mine. When we told my mother-in-law, she said she would pray for us. We are all Catholic and go to church every week. When we have problems and worries, we turn to prayer. So, we prayed, as did our parents and grandparents.

To complicate matters even more, while these problems were occurring Bill and I were in the process of moving from Chicago to Los Angeles for my husband's job. As we were driving across the country, we had a week to talk and think and pray.

We arrived at our new apartment in Los Angeles on Sunday afternoon to a letter from Northwestern Hospital in Chicago saying that the amniocentesis results were perfect. We were so relieved. I knew that there was still a chance that the excess fluid on the brain was a problem, but we had been praying so hard and wanted this baby so much that we truly believed that everything was going to be fine. Since it was Sunday, we went to church and thanked God. We went to bed happy that night; our worries were over.

Monday was my husband's first day of work at his new job. I had an appointment scheduled with a perinatologist from Santa Monica Hospital and Cedar Sinai Hospital for another ultrasound. Bill insisted on coming to the ultrasound, even though I told him that he did not need to be there—after all, it was his first day of work. But I did think it would be exciting for him to see our baby on the ultrasound. I was 21 weeks pregnant.

The doctor, Dr. Connie Agnew, asked why we were there. We explained what the doctors in Chicago had told us and she said she would make her own diagnosis. After about a minute, she told us that she did not have good news; it was a very advanced textbook case of hydrocephaly. My husband almost passed out. We asked what we could do and she said there was nothing we could do. A hydrocephalic baby that advanced has no hope. The baby would most likely be stillborn. She recommended that we terminate the pregnancy.

Our ob/gyn in Los Angeles, Dr. William Frumovitz, recommended a second opinion. Dr. Frumovitz sent us to a wonderful, compassionate doctor at Cedar Sinai Hospital, Dr. Dru Carlson. She stayed late to see us and confirmed our worst fears. She asked us to bear with her as she looked at our baby to see if there were any other problems besides the hydrocephaly. We sat there and watched as she examined our baby, the baby we knew we would never have. She worked very hard for 45 minutes and then told us that in addition to the brain fluid problem, the baby's stomach had not developed and he could not swallow. We asked about in-utero operations and drains to remove the fluid, but Dr. Carlson said there was absolutely nothing we

could do. The hydrocephaly was too advanced. Our precious little baby was destined to be taken from us. Dr. Carlson also recommended that we terminate the pregnancy.

My poor husband called our parents and grandparents and told them the awful news. My father started crying; we were all crying. This couldn't be happening to us. But it did happen to us.

Doctors Frumovitz, Agnew and Carlson referred us to Dr. James McMahon. They all said that the procedure that he performs, the intact dilation and evacuation (Intact D&E), was the best and safest procedure for me to have. The multiple days of dilation would not be traumatic to my cervix. This was important to preserve my body and protect my future fertility. They knew that that was very important to my husband and I since we really wanted to have children in the future. Dr. Carlson said that with this procedure they would be able to perform an autopsy to determine if we were likely to face similar problems in future pregnancies. With no hope for this baby, our doctors were recommending the best option, with hope for the future.

Dr. McMahon and his staff were the kindest people you could ever meet. They explained the intact D&E procedure to us. Dr. McMahon used ultrasound to examine the baby, in case the three other specialists were wrong. They were not.

The dilation took three days and two trips a day to his office. These were the worst days of our lives. We had lost our son before we even had him. After the dilation was complete, I was put under heavy anesthesia. A simple needle was used to remove the fluid from the baby's head, the same fluid that killed our son. This enabled his head to fit through my cervix.

My husband and I are disturbed by the way this compassionate medical procedure has been portrayed by members of Congress. We thoroughly investigated this procedure before we had it. Every specialist told us that it is a safe and compassionate procedure. We were very informed and educated before making this decision. What they were saying in Congress bothered us so much that I went back to Dr. McMahon's office to try to figure out why this procedure was being misrepresented. Our anger at how this procedure was portrayed is why I am here today.

This is the hardest thing I have ever been through. I pray that this will never happen to anyone ever again, but it will and those of us unfortunate enough to have to live through this nightmare need a procedure which will give us hope for the future. With this procedure families can see, hold and even bury their babies. In addition, the baby can be visually or clinically studied by specialists to determine if there are genetic abnormalities that can be avoided in future pregnancies. I am lucky that I was able to have this procedure. Because the trauma to my body was minimized by this procedure, I was able to become pregnant again, only four months later. We are expecting another baby in September. Dr. McMahon and the intact D&E procedure made this possible for us.

One of the first things Dr. McMahon told us was that this job was not done until he and his staff receive a baby picture of our next child. At the time, I couldn't imagine becoming pregnant ever again. A month later, it was all I thought about. I desperately wanted to be pregnant and finally start our family. This procedure gave us hope. Please don't take that away from the families who will need it after us. You must leave medical decisions to the families and the medical experts who have to live with the consequences. It is not the place of government to interfere in these very private, personal decisions.

LARRY LEIBOWITZ CELEBRATES
50TH BIRTHDAY

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Friday, March 29, 1996

Mr. DUNCAN. Mr. Speaker, I would like to congratulate Mr. Lawrence Paul Leibowitz, a longtime resident of the Second Congressional District of Tennessee, on his 50th birthday. Larry Leibowitz celebrates this joyous occasion surrounded by his loving family and friends.

Mr. Leibowitz was born in 1946 in Knoxville, TN and has lived there his entire life. He earned his undergraduate degree from the University of Tennessee and is also a graduate of the University of Tennessee Law School. Larry proudly served in the U.S. Army Reserve for 7 years. He married Kay Shamitz, has three children, and is blessed with the addition of his first granddaughter, Rebecca Asher.

Larry has been a close personal friend of mine for over 20 years. The very first major jury trial that I tried as a young lawyer in criminal court in Knoxville was done with Larry as my cocounsel and mentor.

I tried other cases over the years with Larry, and he tried many important cases in my court after I became judge, including one very difficult death penalty murder case in which he saved a young man from the electric chair. I have learned very much over the years from Larry Leibowitz, and I think that he is one of the finest men I know.

Larry Leibowitz is also a leader in the Knoxville Jewish community and has served as the vice president and chairman of the board of Heska Amuna Synagogue. In addition, he has served as the vice president of the Knoxville Jewish Community Center. Larry is active in the American Israel Public Affairs Committee and the Jewish Federation of Knoxville.

Mr. Leibowitz is a member of the Master's Lodge 242 in Knoxville and is a 32d degree KCCH of Scottish Rite. He currently serves as counsel for the Knoxville Bar Association and is involved with the Knoxville Museum of Art and the East Tennessee Opera Guild. Politically active for many years, Larry chairs the 46th ward in Knoxville. Larry was recently appointed by Governor Sundquist to the Tennessee-Israel Friendship Subcommittee on Economic Development.

As you can see, Lawrence Paul Leibowitz leads an active life and contributes much of his time to his family and community. Mr. Speaker, today, it gives me great pleasure to honor my friend who has served his community so well. I wish him many more happy and healthy years to come. Happy birthday, Larry.

TRIBUTE TO STOKELY
CARMICHAEL

HON. WILLIAM (BILL) CLAY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 29, 1996

Mr. CLAY. Mr. Speaker, I rise to pay tribute to a civil rights icon, Stokely Carmichael—also known as Kwame Ture. I had the pleasure of developing a close personal relationship with

Stokely during the civil rights movement and have for years admired his strength and fortitude. He is a national hero who might have antagonized whites but rallied blacks when a large dose of both was badly needed. His powerful words unified blacks and helped to instill pride in our race.

Although Stokely is now battling cancer, he has not retired from the battle. He continues to be an active and forceful voice in the eternal struggle for civil rights and equality. I submit his story as recorded by columnist Lee Payne in a commentary entitled "Ready for the Revolution" in the March 21, 1996, edition of the St. Louis American. It is my hope that my colleagues will join me in wishing Stokely well.

READY FOR THE REVOLUTION

With the familiar flame burning in his dark eyes, Stokely Carmichael still holds forth in the mellifluous voice that once put dread in white America and high resolve in black youth.

His old comrades are trekking to a Harlem apartment more to console him than to reminisce. "Now that I have cancer, I get to see friends I haven't seen in years," he said Thursday with an impervious smile. Under the eyes of his doctor and his mother, he is coping with prostate cancer, gathering strength to head off next month to Cuba and then back home to Guinea, where years ago President Sekou Toure renamed him Kwame Ture.

As Stokely Carmichael, he was the most eloquent and incendiary of the street speakers of the civil rights movement. As chairman of the Student Nonviolent Coordinating Committee, he helped wage a dangerous struggle to get Negroes the vote in the Black Belt states of Alabama, Georgia and Mississippi. At the end of a speech in May 1966, he issued a clarion call for black liberation with a phrase explosive for the times: "Black power!"

These two simple words rocked the foundation of race relations in the republic. Carmichael didn't invent "black power." Richard Wright in 1954 had written a book by that title and Harlem's Rep. Adam Clayton Powell, with some justification, later claimed that he coined the expression a generation earlier.

Carmichael had polished the phrase among black focus groups before springing it on the media. "It's time we stand up and take over," Carmichael warned both older Negro leaders and the whites he decided as "honkies." "Move on over or we'll move on over you."

"Dr. (Martin Luther) King told me that he wouldn't use the term. He even tried to get me to use 'black consciousness,' which came out later in South Africa." But, adds Carmichael, "he never denounced it."

An unyielding J. Edgar Hoover unleashed the monstrous powers of the state against the proponents of black power, using the FBI's counter intelligence program, known as COINTELPRO.

Carmichael, along with H. Rap Brown and countless other civil rights participants, was jailed and beaten dozens of times. In one of his closer brushes with death, the sheriff of Liberty, Miss., held a pistol to Carmichael's head. "The enraged old man was shaking the gun, shaking, shaking. I was thinking that he might shoot me by accident, so I'd decided to go for the gun." But Carmichael hesitated, and the incident was defused without violence. "I've forgotten the sheriff's name," he said. "So many of them have whipped on my head that I can't remember their names."

After King's assassination in 1968, Carmichael, with Hoover's COINTELPRO work-

ing full-blast, moved to Guinea. There, Kwame Nkrumah, the deposed as president of Ghana, invited him to help organize the Pan-African movement.

Ture, who considers himself a "Pan-Africanist revolutionary," acknowledges that the civil rights struggle won the black vote in the South, which led to the proliferation of black elected officials. However, he admits to no fundamental change in American racism.

"Racism is a question of power," he said. "If I sit next to a white man on a bus and he doesn't like it, that's his problem. If he has the power to remove me, that's my problem. You have to have (state) power to impose racism. Since whites still have the power (and) we don't have the power, nothing has changed. There's some little cosmetic changes: 'Let them have a mayor here, a mayor there; let them have whatever (rank) in the army to confuse them.'"

"There are some changes in attitude, but racism is not a question of attitude. It's a question of power."

At the end of our chat, a hoarse Ture limped painfully to the door and uttered his patented greeting and salutation: "Ready for the revolution."

INCOME GAP IN AMERICA

HON. MARTIN OLAV SABO

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 29, 1996

Mr. SABO. Mr. Speaker, I have frequently urged my colleagues to address the widening income gap in America. Today, this House had an opportunity to do just that by increasing the minimum wage. Unfortunately, the majority continued its pattern of ignoring the plight of working American families by rejecting even a vote on such an increase, which would have raised the wages of over 12 million working Americans.

The facts in favor of raising the minimum wage are overwhelming. Over 4 million American workers earn at or below the minimum wage, which provides an annual income of only \$8,840. This amount is well below the poverty line for a family of four, and it does not even support a family of two above the poverty line. In fact, the Center for Budget and Policy Priorities estimates that one in five minimum wage workers live in poverty. The buying power of the minimum wage has dropped by 27 percent since its average in the 1970's, and is now at its second lowest in four decades.

My Republican colleagues have paid a great deal of lip service to the value of work and to getting people off Government support. One might think that they would embrace efforts to help working Americans support themselves. A higher minimum wage enables workers, most of whom are adults, to support themselves without turning to Government. Today, however, the majority flatly rejected a higher minimum wage.

The Republican majority speaks often of putting more dollars in Americans' pockets. One might think that instead of advocating tax cuts that benefit our Nation's most affluent, they would support a higher minimum wage, which gives working Americans more money every month for groceries, health insurance, heating bills, bus fare, and rent. Today, however, they not only rejected an increased minimum wage, they blocked the House from even voting on the matter.